



Law Enforcement

Privacy and Personnel Records

Kenneth Moreland
Assistant Attorney General
Open Records Division

Views expressed are those of the presenter, do not constitute legal advice and are not official opinions of the Office of the Texas Attorney General



Law Enforcement and First Responder Personnel Records

What are you going to learn during the presentation today?

- ▶ How to apply ***mandatory*** exceptions in the Public Information Act (PIA) to personnel files

What is a *mandatory* exception?

- ▶ Mandatory exception cannot be waived
- ▶ Makes information confidential
- ▶ Not discretionary – it applies or does not apply

THE DAILY BUGLE

November 15, 2016

Dear Chief of Police:

I am writing under the Texas Constitution and the Freedom of Information Act to respectfully request the following information:

The personnel file of Officer Logan Wolverine

Should you choose to appeal or deny any portion of this request, please provide any segregable portions of otherwise exempt material.

Please notify me of any fees associated with finding and copying the records. If you need any clarification, I can be reached via email.

Thanks,

Joe Robertson

Editor-in Chief

The Daily Bugle



Section 552.101

Section 552.101 of the Government Code

- ▶ Incorporates law outside of the Public Information Act (PIA)
 - Constitutional
 - Statutory
 - Case law

- ▶ Must be raised in conjunction with other law, including common-law privacy

- ▶ Never raised in conjunction with a numbered exception inside the Act



Section 143.089

Section 143.089 of the Local Government Code

- ▶ Allows for two different personnel files relating to police officers, fire fighters, and emergency medical services personnel by municipalities that elect to become civil service cities
 - Civil service file maintained pursuant to section 143.089(a), and
 - Internal file that the department maintains pursuant to section 143.089(g)
- ▶ Section 143.089 is only applicable to municipalities that elect to become civil service cities



Section 143.089(a)

- ▶ This section requires the civil service commission to maintain a civil service file, which must contain the following types of information:
 - Commendations or honors;
 - All information relating to misconduct that resulted in disciplinary action; and
 - Periodic evaluations
- ▶ Civil service file is **not confidential** and is subject to release, *but* you may raise other exceptions to disclosure for the civil service file
- ▶ An officer, fire fighter, or emergency medical services personnel has a right of access to his or her civil service file



Section 143.089(g)

- ▶ Allows for the maintenance of an internal file by a police department or fire department
 - Internal file is confidential
 - Department that receives a request for the personnel file must refer the requestor to the civil service commission
 - An investigation of misconduct that did not result in disciplinary action must be placed in the internal file
 - Individual does not have a right of access to his or her internal file



Setting the Scene

- ▶ Logan Howlett Wolverine is a member of the Marvel Police Department
- ▶ Marvel City elected to be a civil service city under chapter 143 of the Local Government Code

To whom it may concern,

I am writing to express my appreciation for one of your officers, Logan Wolverine. I was in the park last week with my boyfriend, when we were ambushed by sentinels. Officer Wolverine saw the sentinels attacking us, and he leapt down from the building in order to capture them. He could have left after arresting the criminals, but he made sure we were okay and waited until an ambulance came to tend to our injuries. I am very grateful to Officer Wolverine for heroically helping us and hope you will recognize his courage.

Sincerely,

Jubilation Jubilee

Grateful Citizen

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Sincerely,

Jubilation Jubilee

Grateful Citizen

MARVEL POLICE DEPARTMENT

Performance Review

Officer Name: Logan Wolverine
Officer Title: Assistant Police Chief

Badge Number: 8342

Area	Excellent	Good	Fair	Poor	Comments
Productivity	X				
Enthusiasm			X		Can be a bit temperamental at times.
Cooperation				X	Does not work well w/ others
Attitude			X		
Punctuality	X				Always on time
Communication Skills				X	Could really use work

Comments: While I appreciate and admire your productivity, there are definitely areas for improvement to make you a more well-rounded employee.

Wolverine

Employee's signature

Xavier

Supervisor's signature

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Employee's signature

Xavier

Supervisor's signature

MARVEL POLICE DEPARTMENT

INTERNAL INVESTIGATION SUMMARY

Accused: Logan Wolverine

Location of Incident: Club Colossus

Allegation: Logan Wolverine assaulted Grammy award winning DJ Colossus with a microphone

Summary of Events:

- Logan Wolverine was at Club Colossus and asked the DJ Colossus to play any track from his favorite album, Lemonade by Beyoncé.
- DJ Colossus informed Wolverine he couldn't play the album, and instead played a song from the new Taylor Swift album.
- Wolverine became enraged, ran over to the DJ booth, stopped the track, and took the microphone from DJ Colossus and said, "Imma let him finish your set, but Beyoncé's Lemonade is one of the best albums of all time!"
- As he was leaving, Wolverine—still upset by the Taylor Swift song selection—threw the microphone and hit DJ Colossus in the head, knocking him unconscious.
- Three security guards rushed into the club, apprehended Logan Wolverine, and called the paramedics. DJ Colossus was treated at the hospital for a concussion.

Code of Conduct at Issue: Rule 5.04.11

Findings: Officer Logan Wolverine violated rule 5.04.11 when he hit DJ Colossus with the microphone.

Recommendation: My recommendation is for a year suspension without pay, but preferably removal from the force all together.

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Recommendation: My recommendation is for a year suspension without pay, but preferably removal from the force all together.

**MARVEL POLICE DEPARTMENT
WRITTEN REPRIMAND**

EMPLOYEE NAME: Logan Wolverine

DATE OF INCIDENT: January 13, 2011

PROCEDURE MANUAL SEC(S): Marvel Police Department Rules of Conduct
Chapter III Responsibilities and General Conduct of Duty 3.8

Report #: 08-15432

Incident: On January 13, 2011, around 0020 hours, Officer Wolverine was flagged down by a motorist who wanted to report that a shape-shifter had run off with his wallet. Wolverine told the victim he was currently in route to a report of aggravated assault and did not have time to assist. Wolverine advised the victim to call 9-1-1 and another officer would be there to help. Wolverine then left. No call to dispatch was made by Officer Wolverine to make sure another officer was on his way to assist the motorist victim.

Comments: Officer Wolverine was duty bound to assist the citizen immediately. He failed to properly prioritize the immediate need for service. The Marvel Police Department Code of Conduct 3.8 states, "Officers shall respond without delay to all calls for police assistance from citizens or other members, with emergency calls taking precedence. All calls shall be answered as soon as possible consistent with normal safety precautions and traffic laws. Barring the most extraordinary of circumstances, or when otherwise directed by senior authority, no officer shall fail to answer any call for service directed to him."

This incident is inconsistent with how Officer Wolverine performs his duties. Officer Wolverine is exceptional in his performance and has had no prior incidents such as this one. I am recommending counseling regarding department procedures, with no further disciplinary action.

**MARVEL POLICE DEPARTMENT
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Section 143.089(g)

- ▶ Department may not *engraft* the confidentiality provided by section 143.089(g) to information the department also maintains separate from the internal file when such information is specifically requested
- ▶ Example:
 - Requestor amends his request to the police department and now requests all records on officer Logan Wolverine, including a specified police report

#1

MARVEL, TX POLICE DEPARTMENT OFFENSE REPORT

Incident No.: 16-5656
Offense: Speeding Date: 07/11/2016
Location: 350 Kessel Run Time: 9:45 PM

INVOLVED PARTIES

No. 01	Last: Darkholme	First: Raven	AKA: Mystique
Race: Mutant	Sex: F	Age: 27	
Address:	12 Pallet Town Drive		
Home Phone:	(830) 413-8070		
DL# MO 23242526	SSN: 123-45-6789		

DETAILS OF INCIDENT

Officer Wolverine observed driver Mystique's vehicle speeding down Johto Lane. Mystique's vehicle kept swerving and was travelling 15 miles over the listed speed limit of 45 miles per hour. Officer Wolverine had Mystique pull her vehicle off of the road. Once safely stopped, Officer Wolverine checked Mystique's criminal history on the police department's local criminal history database. The criminal history check yielded the following: 2007 conviction for smuggling. Mystique has no outstanding warrants. When questioned about her driving, Mystique responded "I know I'm not supposed to hunt for Pokemon when I drive, but there's a Pikachu down this street, and I couldn't help myself. It won't happen again officer...unless there's a Mewtwo nearby!"

ACTION TAKEN

Officer Wolverine issued Mystique a traffic citation for speeding for Pokemon.

#1

Page may not be withheld under
552.101 + 143.089(g) of the Local
Government Code

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ACTION TAKEN

Officer Wolverine issued Mystique a traffic citation for speeding for Pokemon.



What to Remember When Asserting Section 143.089

- ▶ Whether your city has elected to become a civil service city
- ▶ Whether the information at issue is maintained within the civil service file or the internal file
- ▶ If the information relates to misconduct by an officer, fire fighter, or emergency medical services personnel, whether the investigation resulted in disciplinary action



Section 552.117 v. 552.1175

Must tell us...	552.117(a)(1)	552.117(a)(2)	552.1175
To whom does the information belong and how is it held?	Current & former employees of your governmental body ; held by you in an employment capacity	Peace officers employed by your governmental body ; held by you in an employment capacity	Peace officers & other enumerated individuals either (1) employed by you , but the information is held in a non-employment capacity , or (2) employed by another governmental body
What information is protected?	Home Address Home Telephone Number Social Security Number Emergency Contact Information Family Member Information	Home Address Home Telephone Number Social Security Number Emergency Contact Information Family Member Information	Home Address Home Telephone Number Social Security Number Emergency Contact Information Family Member Information Date of birth
Has the individual elected confidentiality?	Employee elected confidentiality before you received the request	Protection is automatic	Individual makes an election with your governmental body (can be after you received the request)

MARVEL POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Full Name: Logan Howlett Wolverine

Present Address: 2901 Adamantium Drive, Austin, Texas 78701

Date of Birth: March 4, 1952

Age: 64

Social Security Number: 000-12-3456

Home Telephone: (512) 555-2234

Business Telephone: (512) 555-6789

Cell Phone Number: (512) 555 4871

E-mail: ilovejean@hotmail.com

Height: 5'8"

Weight: 225 lbs.

Hair Color: Black

Eye Color: Blue, yellow

Driver's License #: 12345678 TX

Expiration Date: December 18, 2015

PERSONAL BACKGROUND

Marital Status (check one):

X Single Married Separated Divorced

If Married, Your Spouse's Name: _____

Spouse's Address: _____

Spouse's Phone Number: _____

Children's Names & Ages:

Name: _____

Age: _____

MARVEL POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT

552.117(a)(2)

APPLICANT INFORMATION

Full Name: Logan Howlett Wolverine

Present Address: 2901 Adamantium Drive, Austin, Texas 78701

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If Married, Your Spouse's Name:

Spouse's Address:

Spouse's Phone Number:

Children's Names & Ages:

Name:

Age:

552.117(a)(2)

MARVEL POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT
APPLICANT INFORMATION

552.102 protects: The date of birth of an employee of a governmental body in a record maintained by his or her employer in an employment context

Full Name: Logan Howlett Wolverine

Present Address: 2901 Adamantium Drive, Austin, Texas 78701

Date of Birth: March 4, 1952

Age: 64

Social Security Number: 000-12-3456

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If Married, Your Spouse's Name:

Spouse's Address:

Spouse's Phone Number:

Children's Names & Ages:

Name:

Age:

552.117(a)(2)

552.102

MARVEL POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT
APPLICANT INFORMATION

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Date of Birth: March 4, 1952

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Marital Status (check one):

☒ Single ☐ Married ☐ Separated ☐ Divorced

If Married, Your Spouse's Name:

Spouse's Address:

Spouse's Phone Number:

Children's Names & Ages:

Name:

Age:

552.130 protects: motor vehicle operator's or driver's license, permit, title or registration issued by TX or another state or country or a personal ID document issued by TX or another state or country or a local agency authorized to issue an ID document

552.117(a)(2)

552.102

552.130

MARVEL POLICE DEPARTMENT
APPLICATION FOR EMPLOYMENT
APPLICANT INFORMATION

552.137 protects: E-mail addresses of members of the public that are provided to communicate electronically with a governmental body

Full Name: Logan Howlett Wolverine

Present Address: 2901 Adamantium Drive, Austin, Texas 78701

Date of Birth: March 4, 1952

Age: 64

Social Security Number: 000-12-3456

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If Married, Your Spouse's Name:

Spouse's Address:

Spouse's Phone Number:

Children's Names & Ages:

Name:

Age:

EDUCATIONAL BACKGROUND

School & Location: Cold Lake High School, Alberta, Canada
Graduation Date: May, 1970 Degree Earned: High School Diploma
School & Location: University of Alberta, Alberta, Canada
Graduation Date: May, 1977 Degree Earned: B.A.

EMPLOYMENT HISTORY

Prior Employer & Location: Port Washington Police Dep't, Port Washington, TX
Position: Peace Officer Salary: \$40,000
Supervisor: Officer Nightcrawler Supervisor's Phone: (414) 555-1212

Prior Employer & Location: Cooke County Sheriff's Office
Position: Deputy Salary: \$40,000
Supervisor: Lt. Kitty Pryde Supervisor's Phone: (872) 555-1144

REFERENCES

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>
Lt. Ororo Storm	(512) 555-0606	Former co-worker at Port Washington Police Department
Sgt. Remy Gambit	(713) 555-1144	Friend, former co-worker at Port Washington Police Department
Piotr Colossus	(785) 555-8597	Friend

MILITARY SERVICE

Branch: 1st Canadian Parachute Battalion Dates: 6/70 – 4/73 Rank at Discharge: Soldier of Fortune

Did you receive an honorable discharge? X Yes ___ No
Were you ever court-martialed? ___ Yes __X__ No
Were you ever reduced in rank? ___ Yes __X__ No
Were you ever absent without leave? ___ Yes __X__ No

List Relevant Honors: _____

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School & Location: Cold Lake High School, Alberta, Canada
Graduation Date: May, 1970 Degree Earned: High School Diploma
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Graduation Date: May, 1977 Degree Earned: B.A.

552.1175

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Position: Deputy Salary: \$40,000
Supervisor: Lt. Kitty Pryde Supervisor's Phone: (872) 555-1144

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Were you ever reduced in rank? ___ Yes ___X No
Were you ever absent without leave? ___ Yes ___X No
List Relevant Honors: _____

APPLICANT QUESTIONNAIRE

552.117(a)(2)

Criminal Background

Have you ever been convicted of a Class A or Class B misdemeanor offense? No

If yes, list the offense, date, and jurisdiction in which the offense occurred.

Are you currently on probation for any criminal offense? No

If yes, list the offense, date and jurisdiction in which the offense occurred.

As an adult, have you been convicted of DWI or DUI? No

If yes, list the offense, date and jurisdiction in which the offense occurred.

Work Background

Yes No

___ X Have you ever been fired from a job for any reason?

___ X Have you ever been asked to resign from a job for any reason?

___ X Have you ever quit to avoid being fired?

___ X Did you ever quit a job without giving the required notice?

EMERGENCY CONTACT INFORMATION

Name: Rogue Relationship: Acquaintance

Phone Number: (512) 555-2958

Logan H. Wolverine

2901 Adamantium Drive · Austin, Texas 78701

(512) 555-2234 · ilovejean@hotmail.com

EDUCATION

- **University of Alberta**, Alberta, Canada
 - B.S., Psychology and Criminal Justice, May 1977
 - Graduated with honors

EXPERIENCE

- **Cooke County Sheriff's Office**, Gainesville, TX
 - Deputy
- **Port Washington Police Department**
 - Peace Officer

ACTIVITIES & SERVICE

- **Samurai Martial Arts Club**
 - Two-time club champion
- **Healing Factor Recovery Center**
 - Founder
- Fluent in Japanese, Russian, Chinese, Cheyenne, Spanish, Arabic, and Lakota

552.117(a)(2)

Logan H. Wolverine

2901 Adamantium Drive · Austin, Texas 78701

(512) 555-2234 · ilovejean@hotmail.com

552.137

EDUCATION

- **University of Alberta**, Alberta, Canada
 - B.S., Psychology and Criminal Justice, May 1977
 - Graduated with honors

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- **Cooke County Sheriff's Office**, Gainesville, TX
 - Deputy
- **Port Washington Police Department**
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333 20th Street

Marvel Police Department

Austin, Texas 78791

Dear Sir or Madame:

I highly recommend Logan Wolverine for a position with the Marvel Police Department. I have known Logan since childhood as he, his sister, my brother, and I all grew up together and went to the same schools. I know Wolverine to be an upstanding individual. Wolverine is a great leader, trustworthy, and loyal. He has been through a lot, including surviving having adamantium fused into his bones! He's hard working and has always stood up for and protected others. I truly believe he is the right guy for the job!

Sincerely,

Officer Hank McCoy, X-Men Police Department

333 20th Street
Marvel Police Department
Austin, Texas 78791

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552.117(a)(2)

552.1175

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Austin, Texas 78791

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Sincerely,

Officer Hank McCoy, X-Men Police Department

TRANSCRIPT OF ACADEMIC RECORD

Record of: Wolverine **Student ID:** 970103639 **Date of Birth:** 03/04/1952

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
SPRING 1976			
PSY 314	HISTORY OF PSYCHOLOGY	3.00 C	6.00
PSY 317	STATISTICS/PSYCH METHODS	1.00 A	4.00
CRIMJ 210	POLICING IN AMERICA	3.00 B	9.00
CRIMJ 220	COURTS AND THE PROS. PROCESS	3.00 B	9.00
PSY 329	EXPERIMENTAL PSYCHOLOGY	3.00 A	12.00
CRIMJ 230	CORRECTIONS IN AMERICA	3.00 B	9.00
hrs: 16.00 GPA-Hrs: 16.00 QPts: 49.00 GPA:3.06			
Honor Roll List			
Good Standing			
FALL 1977			
PSY 319	PHYSIOLOGICAL PSYCHOLOGY	3.00 C	6.00
PSY 332	COGNITIVE PSYCHOLOGY	3.00 A	12.00
CRIMJ 250W	RESEARCH METHODS	3.00 B	9.00
PSY 337	ABNORMAL PSYCHOLOGY	3.00 A	12.00
CRIMJ 465	ETHICS IN CRIMINAL JUSTICE	1.00 A	4.00
		3.00 C	6.00
hrs: 16.00 GPA-Hrs: 16.00 QPts: 49.00 GPA: 3.06			
Honor Roll List			
Good Standing			
SPRING 1977			
CRIMJ 260	STAT. ANALY. SCIENCES	3.00 W	0.00
PSY 441	DEVELOPMENTAL PSYCHOLOGY	3.00 B	9.00
PSY 442	SOCIAL PSYCHOLOGY	3.00 C	6.00
CRIMJ 304	SECURITY ADMINISTRATION	3.00 W	0.00
PSY 455	PERSONALITY PSYCHOLOGY	3.00 C	6.00
CRIMJ 430	ALTERNATIVES TO INCARCERATION	3.00 A	12.00
hrs: 12.00 GPA-Hrs: 12.00 Qpts: 33.00 GPA: 2.75			

University of Tibet
Office of the University Registrar

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CRIMJ 220	COURTS AND THE PROS. PROCESS	3.00 B	9.00
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Honor Roll List			
Good Standing			
FALL 1977			
PSY 319	PHYSIOLOGICAL PSYCHOLOGY	3.00 C	6.00
PSY 332	COGNITIVE PSYCHOLOGY	3.00 A	12.00
CRIMJ 250W	RESEARCH METHODS	3.00 B	9.00
PSY 337	ABNORMAL PSYCHOLOGY	3.00 A	12.00
CRIMJ 465	ETHICS IN CRIMINAL JUSTICE	1.00 A	4.00
		3.00 C	6.00
hrs: 16.00 GPA-Hrs: 16.00 QPts: 49.00 GPA: 3.06			
Honor Roll List			
Good Standing			
SPRING 1977			
CRIMJ 260	STAT. ANALY. SCIENCES	3.00 W	0.00
PSY 441	DEVELOPMENTAL PSYCHOLOGY	3.00 B	9.00
PSY 442	SOCIAL PSYCHOLOGY	3.00 C	6.00
CRIMJ 304	SECURITY ADMINISTRATION	3.00 W	0.00
PSY 455	PERSONALITY PSYCHOLOGY	3.00 C	6.00
CRIMJ 430	ALTERNATIVES TO INCARCERATION	3.00 A	12.00
hrs: 12.00 GPA-Hrs: 12.00 Qpts: 33.00 GPA: 2.75			

*****PAGE 3 OF 4*****



Sections 552.102, 552.130, and 552.137

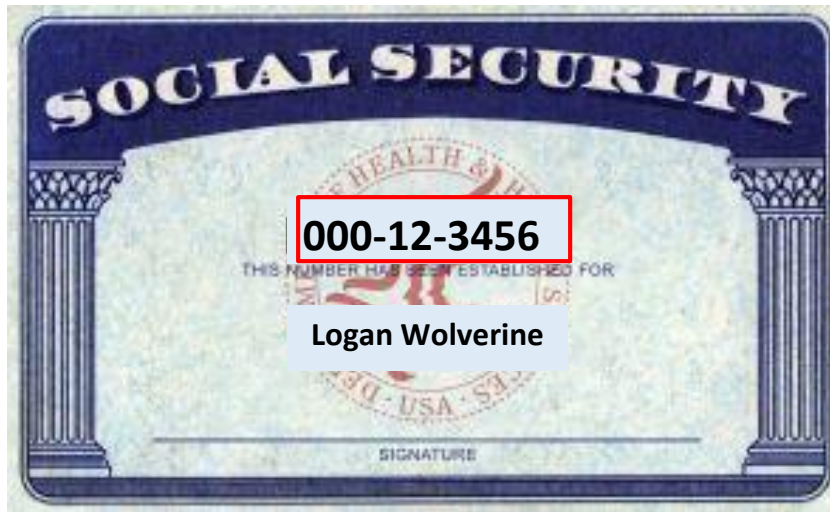
❖ PIA Pro Knows

- ❖ Section 552.102 of the Government Code
 - ❖ Right of access pursuant to section 552.023
 - ❖ Deceased individual's information is not protected

- ❖ Section 552.130 of the Government Code
 - ❖ Right of access pursuant to section 552.023
 - ❖ Deceased individual's information is not protected
 - ❖ May redact pursuant to section 552.130(c)

- ❖ Section 552.137 of the Government Code
 - ❖ Right of access pursuant to section 552.137(b)
 - ❖ Deceased individual's information not protected
 - ❖ May redact pursuant to Open Records Decision No. 684 (2009)
 - ❖ Does not apply to private e-mail addresses of government officials who use their private e-mail addresses to conduct official government business

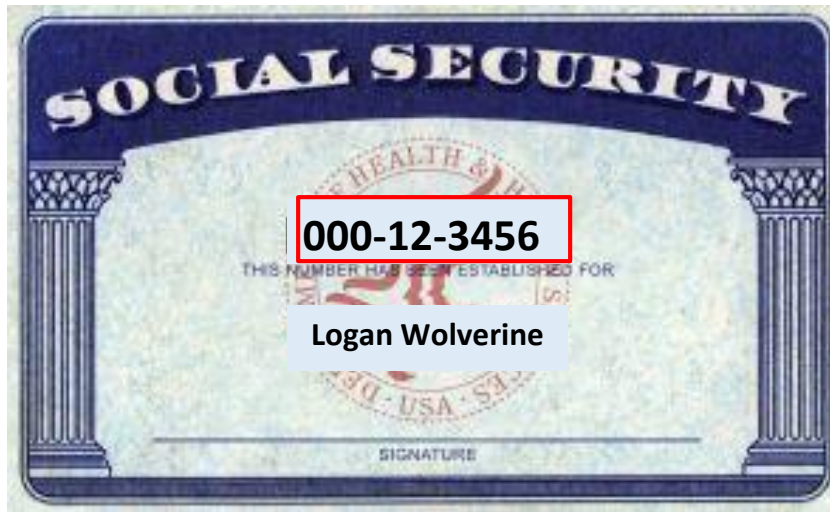




552.117(a)(2)



552.130



552.117(a)(2)

FINGERPRINT AUTHORIZATION FORM

Applicant Last Name: Wolverine

Applicant First Name: Logan

Sex: M Date of Birth: March 4, 1952 Height: 5'8"

Weight: 220 lbs.

Hair Color: Black Eye Color: Blue, Yellow Place of Birth: Cold Lake, Alberta, Canada

Home Address: 2901 Adamantium Drive, Austin, Texas 78701

Signature: *Wolverine*

Date: 8/31/16

R. Thumb



R. Index



R. Middle



R. Ring



R. Little



L. Thumb



L. Index



L. Middle



L. Ring



L. Little



FINGERPRINT AUTHORIZATION FORM

Applicant Last Name: WolverineApplicant First Name: LoganSex: M Date of Birth: March 4, 1952 Height: 5'8"Weight: 220 lbs.Hair Color: Black Eye Color: Blue, Yellow Place of Birth: Cold Lake, Alberta, CanadaHome Address: 2901 Adamantium Drive, Austin, Texas 78701Signature: WolverineDate: 8/31/16

R. Thumb



R. Index



R. Middle



R. Ring



R. Little



L. Thumb



L. Index



L. Middle



L. Ring



L. Little



552.117(a)(2)

552.102(a)

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R. Index



R. Middle



R. Ring



R. Little



L. Thumb



L. Index



L. Middle



L. Ring



L. Little





Section 552.101 and Section 560.003

Section 560.003 of the Government Code

- ▶ Protects biometric identifiers
- ▶ Individual has a right of access to his or her own biometric identifier
- ▶ Biometric identifier of a deceased individual may not be withheld

552.117(a)(2)

552.102(a)

FINGERPRINT AUTHORIZATION FORM

Applicant Last Name: Wolverine

Applicant First Name: Logan

Sex: M Date of Birth: March 4, 1952 Height: 5'8"

Weight: 220 lbs.

Hair Color: Black Eye Color: Blue, Yellow Place of Birth: Cold Lake, Alberta, Canada

Home Address: 2901 Adamantium Drive, Austin, Texas 78701

Signature: Wolverine

Date: 8/31/16

552.101 and 560.003

R. Thumb

R. Index

R. Middle

R. Ring

R. Little

L. Thumb

L. Index

L. Middle

L. Ring

L. Little





Section 552.101 and Section 1703.306

Section 1703.306 of the Occupations Code

- ▶ Protects information acquired from a polygraph examination

X-CORP POLYGRAPHS

info@x-corp.com

Name: Logan H. Wolverine

SSN: 000-12-3456

Date: September 14, 2016

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Preliminary facts:

Logan Wolverine was accused of assault by the plaintiff, Scott Cyclops. The plaintiff stated he was going to 7-Eleven to get a birthday cake flavored Slurpee for his girlfriend, Jean Grey, when he bumped into Logan Wolverine. Wolverine informed the plaintiff he was also going to 7-Eleven to get a Slurpee for Jean. Once inside the store, they both rushed to the Slurpee machine. Plaintiff stated he beat Wolverine to the machine. The store attendant looked at both of them and exclaimed, "everybody has been getting that flavor today, so that's probably the last one for the day." The plaintiff then heard Wolverine mutter, "you may have gotten the girl, but you're not getting the last birthday cake Slurpee." The last thing the plaintiff remembers is feeling a strong blow to the back of his head. Wolverine denies the allegations and has agreed to take a polygraph examination to prove his innocence.

Preliminary Questions:

Is your name Logan Wolverine?	Yes.
Do you currently work for the Marvel Police Department?	Yes.
Does $2 + 2 = 5$?	No.

Questions?

Did you go to 7/11 to get a Slurpee Friday afternoon?	Yes.
Is birthday cake your favorite Slurpee flavor?	No.
Did you hit Scott Cyclops at the 7/11?	No.
Are you in love with Jean Grey?	No.
Are you telling the truth?	Yes.

Examination Results:

Deception indicated. The test showed Wolverine was NOT truthful in his answers.

Signature of Examiner: *Emma Frost*

X-CORP POLYGRAPHS

info@x-corp.com

Withhold page 552.101 and
1703.306 Occ. Code

Name: Logan H. Wolverine

SSN: 000-12-3456

Date: September 14, 2016

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Preliminary facts:

Logan Wolverine was accused of assault by the plaintiff, Scott Cyclops. The plaintiff stated he was going to 7-Eleven to get a birthday cake flavored Slurpee for his girlfriend, Jean Grey, when he bumped into Logan Wolverine. Wolverine informed the plaintiff he was also going to 7-Eleven to get a Slurpee for Jean. Once inside the store, they both rushed to the Slurpee machine. Plaintiff stated he beat Wolverine to the machine. The store attendant looked at both of them and exclaimed, "everybody has been getting that flavor today, so that's probably the last one for the day." The plaintiff then heard Wolverine mutter, "you may have gotten the girl, but you're not getting the last birthday cake Slurpee." The last thing the plaintiff remembers is feeling a strong blow to the back of his head. Wolverine denies the allegations and has agreed to take a polygraph examination to prove his innocence.

Preliminary Questions:

Is your name Logan Wolverine?	Yes.
Do you currently work for the Marvel Police Department?	Yes.
Does $2 + 2 = 5$?	No.

Questions?

Did you go to 7/11 to get a Slurpee Friday afternoon?	Yes.
Is birthday cake your favorite Slurpee flavor?	No.
Did you hit Scott Cyclops at the 7/11?	No.
Are you in love with Jean Grey?	No.
Are you telling the truth?	Yes.

Examination Results:

Deception indicated. The test showed Wolverine was NOT truthful in his answers.

Signature of Examiner: Emma Frost

TEXAS COMMISSION ON LAW ENFORCEMENT
6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035, Phone (512) 936-7700
<http://www.tcole.texas.gov>

APPOINTMENT APPLICATION (L-1)

Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3

Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)

SECTION 1 - APPLICANT LICENSE STATUS. (5541)

New Applicant (never licensed for this type of appointment) §217.1

☒ Peace Officer or County Corrections ☐ Unlicensed Elected / Appointed official (PO training incomplete, skip to sec 2)

Agency must submit Fingerprint Applicant Services of Texas (FAST). Agency must retain copy of L-1, original L-2 & L-3 form, (or copy from academy), all DD214s (if applicable), proof of education, certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history, along with FAST returns from DPS showing record checks through FBI and DPS.

(Applicant must sign page 2, section I)

Already Licensed §217.7

Check one:

(Applicant must sign page 2, section II)

☒ License holder with a "180 day break or less in service:" Agency retains copy of L-1 and F-SR response.

☐ License holder with more than a "180 day break in service:" Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS showing record checks through FBI and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months.

Date of L-2 _____ L-3 _____

SECTION 2 - APPLICANT INFORMATION

1. TCOLE PID <small>Required</small>	2. Last Name WOLVERINE	3. First Name LOGAN	4. M.I. H	5. Suffix (Jr., etc.)
6. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input checked="" type="checkbox"/> White			7. Date of Birth 03/04/1952	
8. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9. US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. Driver's License State: TEXAS Num.: 12345678	11. Education <input type="checkbox"/> GED <input checked="" type="checkbox"/> High School	
12. Home Mailing Address 2901 ADAMANTIUM DRIVE	13. City MARVEL	14. State TX	15. Zip Code 78701	16. Primary Phone Number (512) 555-2234

SECTION 3 - APPOINTMENT INFORMATION

17. Date Appointed	18. License / Appointment Type: (CHECK ONLY ONE) <input type="checkbox"/> Sheriff (Elected or Appointed) <input type="checkbox"/> Constable (Elected or Appointed) <input type="checkbox"/> Chief of Police <input type="checkbox"/> City Marshal <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> County Jailor <input type="checkbox"/> Reserve Officer (licensed reserve or conditional only)			
19. Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE) <input checked="" type="checkbox"/> Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits <input type="checkbox"/> Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits <input type="checkbox"/> Reserve - Restricted to agencies identified in 1701.001: Sheriff, Constable, Municipal or Water District <input type="checkbox"/> Other - Appointees that do not fit into above categories				
20. Retired State Officer <input type="checkbox"/> Yes <input type="checkbox"/> No.	21. \$100.00 Fee Required <input type="checkbox"/> Contract Jailor (5120) <input type="checkbox"/> Medical Facility Police Officer (5125)			
22. TCOLE Agency Number	23. Appointing Agency MARVEL POLICE DEPARTMENT		24. Phone Number	

I certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further certify that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets the minimum standards for licensing and/or appointment.

Elizabeth Psylocke

Name and Title of Chief Administrator or Designee (Type or Print)

Elizabeth Psylocke

Signature of Chief Administrator or Designee

Sworn to and subscribed before me, this day

Notary public in and for, State of Texas

My commission expires 10/31/2017

Warren Archangel

Printed Name of Notary

TEXAS COMMISSION ON LAW ENFORCEMENT
 6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035, Phone (512) 936-7700
<http://www.tcole.texas.gov>

APPOINTMENT APPLICATION (L-1)

Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3

Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)

SECTION 1 - APPLICANT LICENSE STATUS. (5541)

New Applicant (never licensed for this type of appointment) §217.1

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22. TCOLE Agency Number	23. Appointing Agency MARVEL POLICE DEPARTMENT		24. Phone Number	

I certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further certify that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets the minimum standards for licensing and/or appointment.

Elizabeth Psylocke

Name and Title of Chief Administrator or Designee (Type or Print)

Elizabeth Psylocke

Signature of Chief Administrator or Designee

Sworn to and subscribed before me, this day

Notary public in and for, State of Texas

My commission expires 10/31/2017

Warren Archangel

Printed Name of Notary

552.117(a)(2)

552.102

TEXAS COMMISSION ON LAW ENFORCEMENT
6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035, Phone (512) 936-7700
<http://www.tcole.texas.gov>

APPOINTMENT APPLICATION (L-1)

Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3

Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)

SECTION 1 - APPLICANT LICENSE STATUS. (5541)

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Date of L-2 _____ L-3 _____

SECTION 2 - APPLICANT INFORMATION

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Elizabeth Psylocke

Name and Title of Chief Administrator or Designee (Type or Print)

Elizabeth Psylocke

Signature of Chief Administrator or Designee

Sworn to and subscribed before me, this day

Notary public in and for, State of Texas

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Warren Archangel

Printed Name of Notary

TEXAS COMMISSION ON LAW ENFORCEMENT
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APPOINTMENT APPLICATION (L-1)
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Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)
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Date of L-2 _____ L-3 _____

SECTION 2 - APPLICANT INFORMATION

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8. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9. US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. Driver's License State: TEXAS Num.: 12345678	11. Education <input type="checkbox"/> GED <input checked="" type="checkbox"/> High School	
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20. Retired State Officer <input type="checkbox"/> Yes <input type="checkbox"/> No.	21. \$100.00 Fee Required <input type="checkbox"/> Contract Jailor (5120) <input type="checkbox"/> Medical Facility Police Officer (5125)			
22. TCOLE Agency Number	23. Appointing Agency MARVEL POLICE DEPARTMENT		24. Phone Number	

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Elizabeth Psylocke

Name and Title of Chief Administrator or Designee (Type or Print)

Elizabeth Psylocke

Signature of Chief Administrator or Designee

Sworn to and subscribed before me, this day

Notary public in and for, State of Texas

My commission expires 10/31/2017

Warren Archangel

Printed Name of Notary

552.117(a)(2)

552.102

552.130



Section 552.101 and Section 1701.306

Section 1701.306 of the Occupations Code

- ▶ L-2 Declaration of Medical Condition form
- ▶ L-3 Declaration of Psychological and Emotional Health form

❖ **PIA Pro Knows**

Open Records Decision No. 684 (2009) authorizes governmental bodies to withhold L-2 and L-3 declarations without requesting a decision from the OAG

TEXAS COMMISSION ON LAW ENFORCEMENT
 6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035
 Phone: (512) 936-7700
<http://www.tcole.texas.gov>

LICENSEE MEDICAL CONDITION DECLARATION (L-2)
 Commission Rule §217.23, 217.1, 217.7

INDIVIDUAL INFORMATION

1. TCOLE PID	2. Last Name WOLVERINE	3. First Name LOGAN	4. M.I. H	5. Suffix (Jr., etc.)
6. Home Mailing Address 2901 ADAMANTIUM DRIVE		7. City MARVEL	8. State TEXAS	9. Zip Code 78701

Is this exam for a student enrolling in an academy? ☐ Yes ☒ No

If yes, check one ☐ Peace Officer ☐ County Corrections ☐ Telecommunicator (drug screen only)

APPOINTMENT (Do not check if student)

10. <input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator

DEPARTMENT / ACADEMY INFORMATION

11. TCOLE Number	12. Appointing Agency or Academy MARVEL POLICE DEPARTMENT	13. Mailing Address 333 20th Street
14. City MARVEL	15. County TRAVIS	16. Zip Code TEXAS
		17. Phone Number 78701

Attention Examining Professional: The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.

New peace officer and county corrections need both exams. Telecommunicators only need drug screen.

LICENSEES WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED DRUG SCREEN ONLY

Check the appropriate box(s)

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:

☒ **PHYSICAL EXAM** - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.

☐ **DRUG SCREEN** - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.

☒ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

Dr. Moira MacTaggart SC 23447517

Name (type or print)		Physician's State License No. (not required for nurse practitioner)		
3701	MUIR ISLAND LANE	AUSTIN	TEXAS	78701
Mailing Address	Street	City	State	Zip
(512) 328-9967				
Phone Number		Date of Examination(s)		

Signature

Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED. MUST BE SIGNED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID.

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE 200, Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)

Commission Rule 217.01, 217.1, 217.7, 221.35

INDIVIDUAL INFORMATION

1. TCOLE PID	2. Last Name WOLVERINE	3. First Name LOGAN	4. M.I. H	5. Suffix (Jr., etc.)
6. Home Mailing Address 2901 ADAMANTIUM DRIVE		7. City MARVEL	8. State TEXAS	9. Zip Code 78701

Is this exam for a student enrolling in an academy? ☐ Yes ☒ No.

If yes, check one ☐ Peace Officer ☐ County Corrections ☐ Telecommunicator ☐ School Marshal

Attention Requesting Agency: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

APPOINTMENT (Do not check if student)

10. <input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator <input type="checkbox"/> School Marshal
<input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security Off.

ACADEMY / DEPARTMENT INFORMATION

11. TCOLE Number	12. Agency/Academy Name MARVEL POLICE DEPARTMENT	13. Mailing Address 333 20th STREET	
14. City MARVEL	15. County TRAVIS	16. Zip Code 78701	17. Phone Number

Attention Examining Professional: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)

I am a ☒ **Licensed Psychologist**, ☐ **Psychiatrist**, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual is in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner: DR. STEPHEN VINCENT STRANGE NY 02552341
 Name (type or print) State License Number
 Mailing Address: 2200 SANCTUM DRIVE NEW YORK NY 10007
 Street City State Zip
 Phone Number: (212) 375-4700 Date of Examination(s) 10/10/2014
Dr. Strange
 Signature Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

LICENSEE MEDICAL CONDITION DECLARATION (L-2)

Commission Rule §217.23, 217.1, 217.7

INDIVIDUAL INFORMATION

1. TCOLE PID	2. Last Name WOLVERINE	3. First Name LOGAN	4. M.I. H	5. Suffix (Jr., etc.)
6. Home Mailing Address 2901 ADAMANTIUM DRIVE		7. City MARVEL	8. State TEXAS	9. Zip Code 78701

Is this exam for a student enrolling in an academy? ☐ Yes ☒ No

If yes, check one ☐ Peace Officer ☐ County Corrections ☐ Telecommunicator (drug screen only)

APPOINTMENT (Do not check if student)

10. <input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator

DEPARTMENT / ACADEMY INFORMATION

11. TCOLE Number	12. Appointing Agency or Academy MARVEL POLICE DEPARTMENT	13. Mailing Address 333 20th Street
14. City MARVEL	15. County TRAVIS	16. Zip Code TEXAS
		17. Phone Number 78701

Attention Examining Professional: The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.

New peace officer and county corrections need both exams. Telecommunicators only need drug screen.

LICENSEES WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED DRUG SCREEN ONLY

Check the appropriate box(s)

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:

☒ **PHYSICAL EXAM** - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.

☐ **DRUG SCREEN** - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.

☒ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

Dr. Moira MacTaggart SC 23447517

Name (type or print) Physicians State License No. (not required for nurse practitioner)

3701 MUIR ISLAND LANE AUSTIN TEXAS 78701

Mailing Address Street City State Zip

(512) 328-9967

Phone Number

Date of Examination(s)

Signature

Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED. MUST BE SIGNED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID.

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE 200, Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)

Commission Rule 217.01, 217.1, 217.7, 221.35

INDIVIDUAL INFORMATION

1. TCOLE PID	2. Last Name WOLVERINE	3. First Name LOGAN	4. M.I. H	5. Suffix (Jr., etc.)
6. Home Mailing Address 2901 ADAMANTIUM DRIVE		7. City MARVEL	8. State TEXAS	9. Zip Code 78701

Is this exam for a student enrolling in an academy? ☐ Yes ☒ No.

If yes, check one ☐ Peace Officer ☐ County Corrections ☐ Telecommunicator ☐ School Marshal

Attention Requesting Agency: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

APPOINTMENT (Do not check if student)

10. <input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator <input type="checkbox"/> School Marshal
<input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security Off.

ACADEMY / DEPARTMENT INFORMATION

11. TCOLE Number	12. Agency/Academy Name MARVEL POLICE DEPARTMENT	13. Mailing Address 333 20th STREET	
14. City MARVEL	15. County TRAVIS	16. Zip Code 78701	17. Phone Number

Attention Examining Professional: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)

I am a ☒ Licensed Psychologist, ☐ Psychiatrist, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual is in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner: DR. STEPHEN VINCENT STRANGE NY 02552341
 Name (type or print) State License Number
 Mailing Address: 2200 SANCTUM DRIVE NEW YORK NY 10007
 Street City State Zip
 Phone Number: (212) 375-4700 Date of Examination(s) 10/10/2014
Dr. Strange
 Signature Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.



Section 552.101 and Section 1701.454

Section 1701.454 of the Occupations Code

- ▶ All information submitted to Texas Commission on Law Enforcement (TCOLE) under subchapter J of chapter 1701 of the Occupations Code
- ▶ F-5 Separation of Licensee form must be withheld
- ❖ **PIA Pro Knows**
 - ❖ Does not apply when the officer resigned or was terminated due to substantiated incidents of excessive force or violations of the law other than traffic offenses

TEXAS COMMISSION ON LAW ENFORCEMENT
6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035
Phone: (512) 936-7700
<http://www.tcole.texas.gov>

SEPARATION OF LICENSEE (F-5)
LICENSEE INFORMATION (Occupations Code 1701.452)

Non-refundable \$35 fee for paper form. Money order, agency or cashier's check. (5541)

1. TCOLE PID	2. Last Name WOLVERINE	3. First Name LOGAN	4. M.I. H	5. Suffix (Jr., etc.)
6. Date of Birth 03/04/52	7. Home or Permanent Mailing Address 2901 ADAMANTIUM DRIVE		8. City MARVEL	
9. State TX	10. Zip Code 78701	11. Phone Number (512) 555-2234	12. Email ILOVEJEAN@HOTMAIL.COM	

13. APPOINTMENT

<input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> County / Contract Jailer <input type="checkbox"/> Telecommunicator <input type="checkbox"/> Medical Corporation P.O. <input type="checkbox"/> Public Security Officer <input type="checkbox"/> Reserve Officer (licensed reserve or conditional only)	
14. TCOLE Agency Number	15. Appointing Agency MARVEL POLICE DEPARTMENT

16. DESIGNATION OF SEPARATION: (Check only one).

Report must be submitted not later than the seventh business day after the date the license holder:

(1) resigns, retires, or separates from the agency; or

(2) exhausts all administrative appeals available to the license holder if the license holder was terminated based on an allegation of misconduct. Occupations Code 1701.452.

17. Date Appointed: 03/02/2016 18. Separation Date: 12/11/2016

☒ **Honorably Discharged**

Retired, resigned, or separated from employment with or died while employed by a law enforcement agency while in good standing and not because of pending or final disciplinary actions or a documented performance problem.

☐ **General Discharge**

(A) was terminated by, retired or resigned from, or died while employed by a law enforcement agency and the separation was related to a disciplinary investigation of conduct that is not included in the definition of dishonorably discharged; or
(B) was terminated by or retired or resigned from a law enforcement agency and the separation was for a documented performance problem and was not because of a reduction in workforce or an at-will employment decision.

☐ **Dishonorably Discharged**

(A) was terminated, by a law enforcement agency or retired or resigned in lieu of termination by the agency in relation to allegations of criminal misconduct; or

(B) was terminated, by a law enforcement agency or retired or resigned in lieu of termination by the agency for insubordination or untruthfulness.

ATTENTION LICENSEE:

To appeal this F-5 Report, you must complete and submit to TCOLE a "Petition to Correct" form within 30 days after receipt.

If this is your second dishonorable discharge on an F-5 Report, your license will be suspended upon TCOLE's receipt of this document. Failure to timely appeal a second dishonorable discharge with a petition to correct form will result in the revocation of your license.

18. I, chief administrator or designee, attest that this is a true and accurate explanation of the circumstances under which this person resigned or was terminated.

A copy of this F-5 was provided to the person as required by Occupations Code 1701.452, in 7 business days by:

☐ Hand delivery on _____
Date

☒ Certified mail on 12/12/2016
Date

JUBILEE

Jubilee

12/11/2016

Agency Administrator or Designee (Type or Print)

Signature

Date

TEXAS COMMISSION ON LAW ENFORCEMENT
6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035
Phone: (512) 938-7700
<http://www.tcole.texas.gov>

SEPARATION OF LICENSEE (F-5)
LICENSEE INFORMATION (Occupations Code 1701.452)

Non-refundable \$35 fee for paper form. Money order, agency or cashier's check. (5541)

1. TCOLE PID	2. Last Name WOLVERINE	3. First Name LOGAN	4. M.I. H	5. Suffix (Jr., etc.)
6. Date of Birth 03/04/52	7. Home or Permanent Mailing Address 2901 ADAMANTIUM DRIVE		8. City MARVEL	
9. State TX	10. Zip Code 78701	11. Phone Number (512) 555-2234	12. Email ILOVEJEAN@HOTMAIL.COM	

13. APPOINTMENT

<input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> County / Contract Jailer <input type="checkbox"/> Telecommunicator <input type="checkbox"/> Medical Corporation P.O. <input type="checkbox"/> Public Security Officer <input type="checkbox"/> Reserve Officer (licensed reserve or conditional only)	
14. TCOLE Agency Number	15. Appointing Agency MARVEL POLICE DEPARTMENT

16. DESIGNATION OF SEPARATION: (Check only one).

Report must be submitted not later than the seventh business day after the date the license holder:

(1) resigns, retires, or separates from the agency; or

(2) exhausts all administrative appeals available to the license holder if the license holder was terminated based on an allegation of misconduct. Occupations Code 1701.452.

17. Date Appointed: 03/02/2016 18. Separation Date: 12/11/2016

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Retired, resigned, or separated from employment with or died while employed by a law enforcement agency while in good standing and not because of pending or final disciplinary actions or a documented performance problem.

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(B) was terminated by or retired or resigned from a law enforcement agency and the separation was for a documented performance problem and was not because of a reduction in workforce or an at-will employment decision.

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A copy of this F-5 was provided to the person as required by Occupations Code 1701.452, in 7 business days by:

☐ Hand delivery on _____ Date

☒ Certified mail on 12/12/2016 Date

JUBILEE

Jubilee

12/11/2016

Agency Administrator or Designee (Type or Print)

Signature

Date



Section 552.101 and Section 1324a

Section 1324a of title 8 of the United States Code

- ▶ Protects Employment Eligibility Verification “Form I-9” and appended ID forms
- ▶ If the Form I-9 contains attachments such as a driver’s license or Social Security card, then those attachments are also withheld
- ❖ **PIA Pro Knows**
 - ❖ Pursuant to Open Records Decision No. 684 (2009), governmental bodies are authorized to withhold a Form I-9 and its attachments without requesting a decision from the OAG



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)					
Last Name (Family Name) WOLVERINE		First Name (Given Name) LOGAN		Middle Initial H	Other Names Used (if any)
Address (Street Number and Name) 2901 ADAMANTIUM		Apt. Number	City or Town MARVEL	State TX	Zip Code 78701
Date of Birth (mm/dd/yyyy) 03/04/1952	U.S. Social Security Number 000-12-3456	E-mail Address ilovejean@hotmail.com			Telephone Number 5125552234

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write In This Space

Signature of Employee: <i>Wolverine</i>	Date (mm/dd/yyyy):
---	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page





Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) WOLVERINE		First Name (Given Name) LOGAN		Middle Initial H	Other Names Used (if any)	
Address (Street Number and Name) 2901 ADAMANTIUM		Apt. Number	City or Town MARVEL		State TX	Zip Code 78701
Date of Birth (mm/dd/yyyy) 03/04/1952	U.S. Social Security Number 000-12-3456		E-mail Address ilovejean@hotmail.com		Telephone Number 5125552234	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

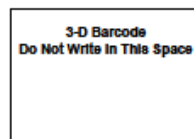
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: <i>Wolverine</i>	Date (mm/dd/yyyy):
---	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page





Section 552.101 and Section 6103(a)

Section 6103(a) of title 26 of the United States Code

- ▶ Protects tax return information
- ▶ Tax return information includes W-2 and W-4 forms
- ❖ **PIA Pro Knows**
 - ❖ Pursuant to Open Records Decision No. 684 (2009), governmental bodies are authorized to withhold W-2 and W-4 forms without requesting a decision from the OAG

22222		Void <input type="checkbox"/>	a Employee's social security number 000-12-3456		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN) 68-0900034			1 Wages, tips, other compensation 55,000		2 Federal income tax withheld 9,218.75	
c Employer's name, address, and ZIP code MARVEL POLICE DEPARTMENT 333 20TH STREET MARVEL, TEXAS 78701			3 Social security wages		4 Social security tax withheld 3,720	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial LOGAN H		Last name WOLVERINE	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code 2901 ADAMANTIUM DRIVE MARVEL, TEXAS 78701			13 Statutory employee <input type="checkbox"/> Nonresident alien <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement**

2016

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>	<input checked="" type="checkbox"/> Employee's social security number 000-12-3456		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN) 68-0900034			1 Wages, tips, other compensation 55,000		2 Federal income tax withheld 9,218.75	
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			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
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e Employee's first name and initial LOGAN H		Last name WOLVERINE	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code 2901 ADAMANTIUM DRIVE MARVEL, TEXAS 78701			13 Statutory employee <input type="checkbox"/> Nonresident alien <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2016
 Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
 Cat. No. 10134D

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$500 of unearned income (for example, interest and dividends).

Exemptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two-earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1302, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	1
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	1
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	2
<p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2016
1 Your first name and middle initial LOGAN H		Last name WOLVERINE		2 Your social security number 000-12-3456
Home address (number and street or rural route) 2901 ADAMANTIUM DRIVE		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code MARVEL, TEXAS 78701		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 2		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ► <i>Wolverine</i>		Date ► <i>08/08/16</i>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) MARVEL POLICE DEPARTMENT 333 20TH STREET, MARVEL, TEXAS 78701		9 Office code (optional)		10 Employer identification number (EIN) 98-7654321

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2016)

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic Instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1302, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted) after we release it will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	1
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	1
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	2

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate OMB No. 1545-0074 2016	
1 Your first name and middle initial LOGAN H		2 Your social security number 000-12-3456	
Home address (number and street or rural route) 2901 ADAMANTUM DRIVE City or town, state, and ZIP code MARVEL, TEXAS 78701		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 2	
6 Additional amount, if any, you want withheld from each paycheck		7 \$	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Wolverine</i>		Date ▶ <i>08/08/16</i>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) MARVEL POLICE DEPARTMENT 333 20TH STREET, MARVEL, TEXAS 78701		9 Office code (optional) 10 Employer identification number (EIN) 98-7654321	



Section 552.140

► Information Protected:

- A military veteran's Department of Defense Form DD-214 or other military discharge record that first comes into a governmental body's possession **on or after September 1, 2003**

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WOLVERINE, LOGAN, HOWLETT		2. DEPARTMENT, COMPONENT AND BRANCH 1ST CANADIAN PARACHUTE BATTALION		3. SOCIAL SECURITY NO. 000 1 17 3456																																					
4. GRADE, RATE OR RANK SOLDIER OF FORTUNE		5. DATE OF BIRTH (YYMMDD) 03/04/1952		6. RESERVE OBLIG. TERM. DATE Year Month Day																																					
7. a. PLACE OF ENTRY INTO ACTIVE DUTY		7. b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 2901 ADAMANTIUM DRIVE, MARVEL, TEXAS 78701																																							
8. a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		8. b. STATION WHERE SEPARATED FORT HOOD, TEXAS																																							
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE <input checked="" type="checkbox"/> None Amount: \$ 200,000																																					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) ARMOR, GENERAL - 8 YRS 4 MOS // NOTHING FOLLOWS		12. RECORD OF SERVICE																																							
		<table border="1"> <thead> <tr> <th></th> <th>Year(s)</th> <th>Month(s)</th> <th>Day(s)</th> </tr> </thead> <tbody> <tr> <td>a. Date Entered AD This Period</td> <td>2000</td> <td>FEB</td> <td>13</td> </tr> <tr> <td>b. Separation Date This Period</td> <td>2010</td> <td>JUL</td> <td>17</td> </tr> <tr> <td>c. Vet Active Service This Period</td> <td>03</td> <td>03</td> <td>03</td> </tr> <tr> <td>d. Total Prior Active Service</td> <td>06</td> <td>06</td> <td>07</td> </tr> <tr> <td>e. Total Prior Inactive Service</td> <td>07</td> <td>07</td> <td>08</td> </tr> <tr> <td>f. Foreign Service</td> <td>01</td> <td>02</td> <td>03</td> </tr> <tr> <td>g. Sea Service</td> <td>00</td> <td>00</td> <td>00</td> </tr> <tr> <td>h. Effective Date of Pay Grade</td> <td>2008</td> <td>JUN</td> <td>01</td> </tr> </tbody> </table>					Year(s)	Month(s)	Day(s)	a. Date Entered AD This Period	2000	FEB	13	b. Separation Date This Period	2010	JUL	17	c. Vet Active Service This Period	03	03	03	d. Total Prior Active Service	06	06	07	e. Total Prior Inactive Service	07	07	08	f. Foreign Service	01	02	03	g. Sea Service	00	00	00	h. Effective Date of Pay Grade	2008	JUN	01
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14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) INSTRUC BASIC (02 WKS) FEB 00, CELES NAVIG (02 WKS) MAR 01, SUBMARINE COURSE (07 WKS) JUN05																																									
15. a. MEMBER CONTRIBUTED TO POSITIVE NAME FOR VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		15. b. HIGH SCHOOL GRADUATE OR EQUIVALENT		16. DAYS ACCRUED LEAVE PAID																																					
Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		59.5																																					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
18. REMARKS																																									
19. a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 2901 ADAMANTIUM DRIVE, MARVEL, TEXAS 78701																																									
19. b. NEAREST RELATIVE (Name and address - include Zip Code)																																									
20. MEMBER REQUESTS COPY BE SENT TO: <input type="checkbox"/> DEPT. OF VET. AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
21. SIGNATURE OF MEMBER BEING SEPARATED Wolverine																																									
22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) Bobby Drake																																									

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD ITANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WOLVERINE, LOGAN, HOWLETT		2. DEPARTMENT, COMPONENT AND BRANCH 1ST CANADIAN PARACHUTE BATTALION		3. SOCIAL SECURITY NO. 000 1 12 3456	
4.a. GRADE, RATE OR RANK SOLDIER OF FORTUNE		4.b. PAY GRADE		5. DATE OF BIRTH (YYMMDD) 03/04/1952	
6. RESERVE OBLIG. TERM. DATE Year Month Day		7.a. PLACE OF ENTRY INTO ACTIVE DUTY 2901 ADAMANTIUM DRIVE, MARVEL, TEXAS 78701			
7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)		8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND FORT HOOD, TEXAS			
8.b. STATION WHERE SEPARATED		9. COMMAND TO WHICH TRANSFERRED N/A			
10. SGLI COVERAGE Amount: \$ 200,000		11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) ARMOR, GENERAL - 8 YRS 4 MOS // NOTHING FOLLOWS			
12. RECORD OF SERVICE		13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ADAMANTIUM STAR, PISTOL SHARPSHOOTER RIBBON, MERITORIOUS SERVICE MEDAL			
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15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No X		16. DAYS ACCRUED LEAVE PAID 59.5			
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No X		18. REMARKS 2901 ADAMANTIUM DRIVE, MARVEL, TEXAS 78701			
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20. MEMBER REQUESTS COPY BE SENT TO CM, OFFICE AFFAIRS Yes No X		21. SIGNATURE OF MEMBER BEING SEPARATED Wolverine			
22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) Bobby Drake					



Section 552.101 and Common-Law Privacy

- ▶ **Common-law privacy protects:**
 - Information that (1) contains highly intimate or embarrassing facts, which if publicized would be highly objectionable to a reasonable person, and (2) is not of legitimate concern to the public

- ▶ Information contained in personnel records subject to common-law privacy includes:
 - Dates of birth
 - Personal financial information
 - Medical information
 - Information relating to a sexual harassment investigation



Section 552.101 and Common-Law Privacy

- ▶ Personal financial information protected under common-law privacy must be information not relating to a financial transaction between an individual and a governmental body
 - Assets or debts, Optional insurance coverage, Direct deposit authorization, Lien information, Designation of beneficiaries of retirement benefits

- ❖ **PIA Pro Knows**
 - ❖ Pursuant to Open Records Decision No. 684 (2009), governmental bodies are authorized to withhold direct deposit authorization forms without requesting a decision from the OAG

- ❖ **PIA Pro Tips**
 - ❖ Let us know if the requestor has a right of access under 552.023 of the Government Code
 - ❖ If relevant, let us know if individual is deceased
 - ❖ Will not protect information in a court filed document that is subject to 552.022(a)(17) of the Government Code

MARVEL POLICE DEPARTMENT

INSURANCE ENROLLMENT FORM

Enrollee Information

Employee Name: Logan Wolverine

Social Security Number: 000-12-3456

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Home Telephone: (512) 555-2234

Optional Health Insurance Elections

	<u>Yes</u>	<u>No</u>
Do you wish to enroll in Dental Coverage?	<u>X</u>	___
Do you wish to be enrolled in Short Term Disability Coverage?	<u>X</u>	___
Do you wish to be enrolled in Long Term Disability Coverage?	<u>X</u>	___

Life Insurance Elections

	<u>Yes</u>	<u>No</u>
Do you wish to apply for Life Insurance Benefits?	<u>X</u>	___
Do you wish to apply for supplemental Mutual Life Insurance Benefits?	<u>X</u>	___

Beneficiary Designation

Name of Beneficiary: Jean Grey

Address: 4852 Dark Phoenix Lane, Austin, TX 78704

Relationship: Friend

Phone Number: (512) 555-6931

Signature: *Wolverine*

Date: 8/31/16

MARVEL POLICE DEPARTMENT

INSURANCE ENROLLMENT FORM

552.101/common-law privacy

Enrollee Information

Employee Name: Logan Wolverine

Social Security Number: 000-12-3456

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Home Telephone: (512) 555-2234

Optional Health Insurance Elections

Do you wish to enroll in Dental Coverage?

Yes

X

No

—

Do you wish to be enrolled in Short Term Disability Coverage?

X

—

Do you wish to be enrolled in Long Term Disability Coverage?

X

—

Life Insurance Elections

Do you wish to apply for Life Insurance Benefits?

Yes

X

No

—

Do you wish to apply for supplemental Mutual Life Insurance Benefits?

X

—

Beneficiary Designation

Name of Beneficiary: Jean Grey

Address: 4852 Dark Phoenix Lane, Austin, TX 78704

Relationship: Friend

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MARVEL POLICE DEPARTMENT

INSURANCE ENROLLMENT FORM

552.101/common-law privacy

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Employee Name: Logan Wolverine

Social Security Number: 000-12-3456

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Home Telephone: (512) 555-2234

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Do you wish to enroll in Dental Coverage?

Yes

X

No

—

Do you wish to be enrolled in Short Term Disability Coverage?

X

—

Do you wish to be enrolled in Long Term Disability Coverage?

X

—

Life Insurance Elections

Do you wish to apply for Life Insurance Benefits?

Yes

X

No

—

Do you wish to apply for supplemental Mutual Life Insurance Benefits?

X

—

Beneficiary Designation

Name of Beneficiary: Jean Grey

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MARVEL POLICE DEPARTMENT

INSURANCE ENROLLMENT FORM

Enrollee Information

Employee Name: Logan Wolverine

Social Security Number: 000-12-3456

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Home Telephone: (512) 555-2234

552.101/common-law privacy

552.117(a)(2)

Optional Health Insurance Elections

Do you wish to enroll in Dental Coverage?

Yes

X

No

—

Do you wish to be enrolled in Short Term Disability Coverage?

X

—

Do you wish to be enrolled in Long Term Disability Coverage?

X

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Life Insurance Elections

Do you wish to apply for Life Insurance Benefits?

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X

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Beneficiary Designation

Name of Beneficiary: Jean Grey

Relationship: Friend

Phone Number: (512) 555-6931

Address: 4852 Dark Phoenix Lane, Austin, TX 78704

Signature: Wolverine

Date: 8/31/16

MARVEL POLICE DEPARTMENT

STATEMENT OF EARNINGS – PAYROLL PERIOD 08/01/16 to 08/31/16

Officer Name: Logan Wolverine
Officer Title: Assistant Police Chief
Badge Number: 8342

SSN: XXX-XX-3456
Marital Status: Single
No. Exemptions: 2

EARNINGS	CURRENT	YR-TO-DT	DEDUCT	CURRENT	YR-TO-DT
Salary Gross	4492.24	39430.16	Fed W/H Tax	469.47	4023.31
Retirement	311.88	2737.92	Medicare Tax	278.52	571.74
401K Amt	42.08	369.40	Disability Long	26.90	242.10
Fed W/H Gross	4138.28	36322.84	ERS Retirement	311.88	2737.92
			401K	42.08	369.40
Total Gross	4492.24	39430.16	Total Deductions	1128.85	7944.47
Total Deducts	1128.85	7944.47			
Total Net Pay	3363.39	26907.12	Disbursement:		3363.39

552.117(a)(2)

MARVEL POLICE DEPARTMENT

STATEMENT OF EARNINGS – PAYROLL PERIOD 08/01/16 to 08/31/16

Officer Name: Logan Wolverine
Officer Title: Assistant Police Chief
Badge Number: 8342

SSN:
Marital Status:
No. Exemptions:

XXX-XX-3456
Single
2

EARNINGS	CURRENT	YR-TO-DT	DEDUCT	CURRENT	YR-TO-DT
Salary Gross	4492.24	39430.16	Fed W/H Tax	469.47	4023.31
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			401K	42.08	369.40
Total Gross	4492.24	39430.16	Total Deductions	1128.85	7944.47
Total Deducts	1128.85	7944.47			
Total Net Pay	3363.39	26907.12	Disbursement:		3363.39

552.117(a)(2)

552.101/common-law privacy

MARVEL POLICE DEPARTMENT

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SSN:
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XXX-XX-3456
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Fed W/H Gross	4138.28	36322.84	ERS Retirement	311.88	2737.92
			401K	42.08	369.40
Total Gross	4492.24	39430.16	Total Deductions	1128.85	7944.47
Total Deducts	1128.85	7944.47			
Total Net Pay	3363.39	26907.12	Disbursement:		3363.39

MARVEL POLICE DEPARTMENT
Employee Direct Deposit Enrollment Form

To enroll in full service direct deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample MICR line, detailing where the information necessary to complete this form can be found.

1: 012345678: 1234567899: 0101

routing transit number: checking account number: check number

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Imperial Police Department ("Imperial") to deposit any amounts owed me by initiating credit entries to my account at the financial institution ("Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Imperial to my account.

Employee Name: Logan Wolverine Social Security #: 000-12-3456

Employee Signature: *Wolverine* Date: 08/08/08

Account Information

Bank Name/City/State: Mutant One, Marvel, TX

Routing Transit #: 987338750

Account Number: 9835902238

- ☒ Checking
☐ Savings
☐ Other

I wish to deposit:

\$ _____ or

- ☒ Entire Net Amount

MARVEL POLICE DEPARTMENT
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Account Number: 9835902238

☒ Checking

☐ Savings

☐ Other

I wish to deposit:

\$ _____ or

☒ Entire Net Amount

MutantFunds Credit Report

Personal Information:

Logan Wolverine

DOB: 03/04/1952

Address: 2901 Adamantium Drive, Marvel, Texas 78701

Report Summary:

Number of trade lines: 3

Accounts Balance: \$1,000

Score: 620

Public Records:

Legal Judgment \$4,000 Park Realtors

Trade Lines

Creditor	Opened	Limit	Balance	Past Due	Payments
Mutant Credit	7/7/2007	\$1,000	\$280	\$10	49
Mutant Loan	11/5/2007	\$1,000	\$720	\$90	52
Magnet Credit	6/6/2003	\$5,000	\$0	\$0	77

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Mutant Lenders

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Part 1 – Request

1. To (Name and address of employer): Marvel Police Department, 333 20th Street
2. From (Name of lender): Mutant Lenders

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of lender: Wolverine
4. Date: 09/05/13

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

5. Name and address of applicant:
Wolverine, 2901 Adamantium Drive, Marvel, TX 78701
6. Signature of applicant:
Wolverine

Part 2 – Verification of Present Employment

7. Applicant's Date of Employment: 03/03/2008
8. Present Position: Assistant Chief
9. Probability of continued employment: Very strong
10. Current Gross Base Pay (Enter Amount and Check Period):
\$ 60,000 ☒ Annual ☐ Monthly ☐ Weekly ☐ Hourly ☐ Other (Specify)
11. Remarks (If employee was off work for any length of time, please indicate time period and reason): Honest and dependable employee

Part 3 – Authorized Signature

12. Signature of Employer: Charles Xavier
13. Title (Please print or type): Human Resources
14. Date: 09/10/13

Mutant Lenders

Request for Verification of Employment

Withhold page
552.101/common-law privacy

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Wolverine, 2901 Adamantium Drive, Marvel, TX 78701
6. Signature of applicant:
Wolverine

Part 2 – Verification of Present Employment

7. Applicant's Date of Employment: 03/03/2008
8. Present Position: Assistant Chief
9. Probability of continued employment: Very strong
10. Current Gross Base Pay (Enter Amount and Check Period):
\$ 60,000 ☒ Annual ☐ Monthly ☐ Weekly ☐ Hourly ☐ Other (Specify)
11. Remarks (If employee was off work for any length of time, please indicate time period and reason): Honest and dependable employee

Part 3 – Authorized Signature

12. Signature of Employer: Charles Xavier
13. Title (Please print or type): Human Resources
14. Date: 09/10/13



Section 552.101 and Common-Law Privacy

- ▶ Medical information protected under common-law privacy must relate to specific illnesses or disabilities

- ▶ Examples:
 - Specific illnesses
 - Operations
 - Physical handicaps
 - Psychiatric treatment of mental illnesses
 - Specific prescription medications (not the fact an individual is taking medication)
 - Pregnancy
 - Blood type

MARVEL POLICE DEPARTMENT

Request for Leave / Report of Absence

Employee Name: Logan Wolverine

Position Title: Assistant Police Chief

In accordance with department policies, I hereby request leave on the following date(s): 10/12/16

Total # Work HOURS Absent 8

Reason for requested leave:

<input checked="" type="checkbox"/>	Sick (I have the flu and have to take RX medications for it)	<input type="checkbox"/>	Personal leave
<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Maternity/paternity
<input type="checkbox"/>	Unpaid leave	<input type="checkbox"/>	Other

Wolverine

08/08/16

Employee Signature

Date

Approval? Yes X No

Charles Xavier

08/09/16

Supervisor's signature

Date

Supervisor comments: That's what the healing factor is for, Logan. Now get back to work

MARVEL POLICE DEPARTMENT

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	Bereavement		Maternity/paternity
	Unpaid leave		Other

Wolverine

08/08/16

Employee Signature

Date

Approval? Yes X No*Charles Xavier*

08/09/16

Supervisor's signature

Date

Supervisor comments: That's what the healing factor is for, Logan. Now get back to work

552.101/common-law privacy

Incorrect markings under
552.101/common-law privacy

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08/08/16

Employee Signature

Date

Approval? Yes X No

Charles Xavier

08/09/16

Supervisor's signature

Date

Supervisor comments: That's what the healing factor is for, Logan. Now get back to work



Sexual Harassment Investigation

Sexual Harassment Investigation



Section 552.101 and Common-Law Privacy

- ▶ Sexual Harassment Investigation Information
 - If the investigation contains an adequate summary, then withhold (1) all investigation information except the statement of the accused and the adequate summary and (2) the identities of the victims and witnesses of sexual harassment within the adequate summary and statement of the accused
 - If the information does not contain an adequate summary, the identities of the victims and witnesses of sexual harassment must be withheld throughout the sexual harassment investigation
- ▶ *Morales v. Ellen*, 840 S.W.2d 519 (Tex. App.—El Paso 1992, writ denied)



Section 552.101 and Common-Law Privacy

- ▶ An adequate summary includes the allegations as well as the results of the investigation
- ▶ In either case, the identity of the person accused of sexual harassment and his/her statement is not protected
- ▶ This analysis only applies to sexual harassment in the employment context



Without Adequate Summary

Without Adequate Summary

To: Hank Philip Beast, Human Resources

From: Jean Grey

RE: Harassment complaint

I am writing to file a formal complaint against Assistant Chief of Police Wolverine. This past Wednesday, I was walking past him at the department carrying a heavy box, and he stopped, looked me up and down, smiled, and said, “Looks like someone’s been working out.” He then winked at me. Later that day, he sent me a text message asking if I could stop by later, insisting that I come alone. When I asked him why, he said that he wanted to “teach me a lesson.” I couldn’t believe what I was seeing! The entire situation was extremely humiliating. I cannot stay silent about this. I don’t feel safe in this work environment.

Thank you,

Jean Grey

To: Hank Philip Beast, Human Resources

From: Jean Grey

552.101 + common-law privacy & *Ellen*

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Thank you,

Jean Grey

Messages

Jean Grey

Edit

Wanna stop by later?

What for?

;-)

Thought I'd teach you a lesson.



Send

Messages

Jean Grey

Edit

Uhhh....what?

combat training

you haven't done so well.

...



Send



552.101 + Common-law privacy & Ellen



To: Hank Philip Beast, Human Resources

From: Logan Wolverine, Assistant Chief of Police

RE: Statement regarding harassment complaint

I want to put into writing my response to the false allegations made against me by Jean Grey. She claims that I made inappropriate comments, both verbally and through text message. I'm completely shocked by these allegations as I remember the situations vividly.

I walked past Jean on Wednesday at the department as she was moving some heavy boxes containing investigation files for a cold case we were re-opening. The employment application for the Marvel Police Department specifically asks whether the applicant is able to lift 50 lbs. The joke among Jean, me, and a few of the other officers had always been that we needed to continue working out for the day when this requirement would be necessary. When I told Jean it looked like she had been working out, I thought she knew it was a play on our joke.

I also did text Jean asking her to come by. As you know, I've been teaching a class on combat tactics for all of our officers. Our recent lesson has pertained to hand to hand combat when threatened by individual suspects. Jean, to put it nicely, hasn't been faring too well. She seems to think she can use her mind to get her out of any situation. I was texting her to request that she meet me for an individual session. I thought I was being kind. I could've just failed her, rather than offering up my free time to give her the supplemental tutelage.

I maintain that nothing I have done was inappropriate.

Regards,

Wolverine

To: Hank Philip Beast, Human Resources

552.101 + common-law privacy & *Ellen*

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With Adequate Summary

With Adequate Summary

To: Charles Xavier, Chief of Police

From: Hank Philip Beast, Human Resources

Date: July 8, 2016

Subject: Investigation of sexual harassment allegations

Summary of allegations:

Jean Grey, a patrol officer, alleges that Logan Wolverine, Assistant Chief of Police, made inappropriate comments to her both verbally and through text message. Ms. Grey states these actions were unwanted and have made her feel uncomfortable.

Investigation findings:

We interviewed Scott Cyclops and Remy Gambit, both patrol officers in the department, and colleagues of Jean Grey and Logan Wolverine. Both officers happened to be present during portions of the events.

Cyclops said he was walking with Wolverine when they passed Jean Grey in the hall. Cyclops said Jean was carrying a pretty heavy box. Cyclops informed us, that a patrol officer's application states one of the requirements of the job is the ability to lift up to 50 pounds and the officers always joke about when that time would come. Cyclops said, upon seeing Jean, Wolverine said to him, "I guess now we have our answer about that application." He told us, as they passed Jean, Wolverine then made the comment to Jean about working out. Cyclops told us, "Wolverine and I both laughed. This has been a joke between us all for a while. I can't imagine how Jean could take the comment any other way. We had all always said we needed to be able to lift 50 pounds when the moment came."

Gambit told us he was sitting in Wolverine's office, and while Wolverine was reviewing evaluations and training requirements, they discussed how everyone was progressing. Gambit said, "Jean just doesn't think she needs any type of physical training. She thinks she can just somehow get inside of people's minds to control the situation if she ever gets into danger." Gambit told us Wolverine was deeply concerned that Jean would lose her badge if she couldn't meet certain requirements. Gambit said it was he who suggested that Wolverine give Jean another chance and try to get through to her one on one. Gambit told us Wolverine was skeptical, but that he decided to text Jean anyway.

Determination: Based on my investigation, I find there is not sufficient evidence to sustain Jean Grey's allegations of sexual harassment against Assistant Chief of Police Wolverine. I recommend the investigation be closed.

To: Charles Xavier, Chief of Police

From: Hank Philip Beast, Human Resources

Date: July 8, 2016

Subject: Investigation of sexual harassment allegations

Summary of allegations:

Jean Grey, a patrol officer, alleges that Logan Wolverine, Assistant Chief of Police, made inappropriate comments to her both verbally and through text message. Ms. Grey states these actions were unwanted and have made her feel uncomfortable.

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From: Logan Wolverine, Assistant Chief of Police

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552.101 + common-law privacy & *Ellen*

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Page - 552.101 + Common-law privacy & Ellen

AT&T 3G

9:42 PM

13%

Messages

Jean Grey

Edit

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...

Page - 552.101 + Common-law privacy & Ellen



Send



Open Records Decision No. 684 (2009)

❖ **PIA Pro Knows**

Pursuant to ORD 684, governmental bodies are authorized to withhold some information without requesting a decision from the OAG

- ❖ Direct deposit authorization
 - ❖ Form I-9
 - ❖ W-2 and W-4 forms
 - ❖ Fingerprints
 - ❖ L-2 and L-3 declarations
 - ❖ E-mail address of a member of the public
 - ❖ Form DD-214
-
- ❖ Notify requestor you are relying on ORD 684



Sections 552.024, 552.130, and 552.147

❖ PIA Pro Knows

- ❖ Section 552.024(c) of the Government Code
- ❖ Section 552.130(c), (e) of the Government Code
- ❖ Section 552.147(b) of the Government Code



Questions?

OAG' s Open Government Hotline

(877) OPEN-TEX

(512) 478-6736

OAG Website

www.texasattorneygeneral.gov/open/index.shtml